

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-038842

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 27 Primary Registration District No. 3005 Registrar's No. 186

FILED NOV 12 1963

1. PLACE OF DEATH a. COUNTY Bates		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Bates	
b. CITY (If outside corporate limits, give TOWNSHIP only) Butler		c. CITY OR TOWN Butler	
Length of stay in 1b 2 days		Inside Limits <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) Bates Co Hospital		d. STREET ADDRESS (If outside, give location) Bates Co Hospital	
Inside Limits <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) Dana Sue Copeland		4. DATE OF DEATH Month Nov. Day 3 Year 1963	
5. SEX female	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11/1/68
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) infant		10b. KIND OF BUSINESS OR INDUSTRY infant	
11a. BIRTHPLACE (City and state or country) Butler Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME James A Copeland		13b. MOTHER'S MAIDEN NAME Gayle Gray	
14. NAME OF HUSBAND OR WIFE infant		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) XX	
16. SOCIAL SECURITY NO. 13518		17. INFORMANT James A Copeland, Grandville Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Prematurity Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: DUE TO (b) DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Spina bifida			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> None	
20c. TIME OF INJURY Hour None a.m. p.m.		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of Item 18.) None	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) None	
20f. CITY, TOWN, OR LOCATION Butler		COUNTY Missouri STATE	
21. I attended the deceased from 11-1-63 to 11-3-63 and last saw her alive on 11-3-63 Death occurred at 11 A m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Douglas C. Ronald (Degree or title)		22b. ADDRESS Butler Missouri	
22c. DATE SIGNED 11-4-63		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE 11/5/63		23c. NAME OF CEMETERY OR CREMATORY Oakhill Cemetery	
23d. LOCATION (City, town, or county) Butler Mo.		(State)	
24. FUNERAL DIRECTOR Culber Underwood		ADDRESS Butler Mo.	
25. DATE REC'D BY LOCAL REG. 11-5-63		26. REGISTRAR'S SIGNATURE Norman Wilson	

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

11-5-65

Butler

Mo.

Butler

Butler

1 day

Butler

Butler Co Hospital

Butler Co Hospital

1965

Nov. 1

Butler

Mo.

Butler

1

11/1/65

1

11/1/65

USA

Butler Mo.

Butler

Butler

infant

Gayle Guy

James A. Coblenz

11/1/65

James A. Coblenz, Emballer No. 4657

USA

USA

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed Robert H. Sturtevant

Licensed Embalmer No. 4657

P. O. Address Butler Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Permit received 11-5-65
NIV